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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Sacragustin, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roland H. Acosta, Esq.

Name of Person

Roland H. Acosta & Associates, P.A.

Firm/Company

399 Carolina Ave., Ste. 210

Address

Winter Park, FL 32789

City/State and Zip Code

racosta@acostaatlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rudolph

....407.644-2531

Name of Person

Area Code & Daytime Telephone Number i:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sacragustin, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on la Limited Liability Company)	our_records.)
The Articles of Organization for this Limited Liability Florida document number <u>L13000078731</u>		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201 7A1
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		ASSEE, PL
(Mailing address MAY BE A POST OFFICE BOX)		OR R
		om o
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our ddress here:	records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	Florida street address
	City	, Florida Zip Code
	City	Lip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesus Agustin Diaz Rincon	7217 Mardell Court	✓ Add
		Orlando, FL 32835	Remove
		*	
			Add
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men	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.,
	•
_	
	July 23, 2013.
	, , , , , , , , , , , , , , , , , , , ,
	Colona Courte
	Signature of a member or authorized representative of a member
	Roland H. Acosta
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE